Should doctors feel able to practise according to their personal values and beliefs?

To the Editor: An ethical concern that was raised by Conway in his article supporting the freedom to practise in accordance with conscience[1] related to the problems that arise when patients — specifically children — are unable to express a considered opinion on any conflict between their clinicians and their legal guardians about their best interests.

Parents know their child best, are responsible for continuing care of the patient (including during any adverse effects of treatments) as well as of any other dependants. However, they may also be guided more by strongly held beliefs than by the views of clinicians on the best interests of their child.

The law gives parents considerable rights and obligations to make decisions in the best interests of their children, but the law also recognises that children have rights, independent of the parents. When children are able to form and express opinions, these are considered; when they can't, they are dependent on others to promote their interests.

Within this legal framework of competing rights, the solution can only be a legal one, as occurred with the patient in Conway's example.[1] Clinicians have to be prepared to go to court to put their case for the best interests of the child, and then accept the legal decision with good grace, however personally distressing. This is just another example in medicine of the need for all to work with less than desirable outcomes.

And one must always remember that not complying with a court order is an option — with consequences — that may seem ethically justifiable to a clinician or parent.

William R Adam Professor of Medicine

Rural Health Academic Centre, University of Melbourne, Shepparton, VIC.

adamaus@bigpond.com

Competing interests: No relevant disclosures.

doi: 10.5694/mja11.11537

1 Conway BV. Should doctors feel able to practise according to their personal values and beliefs? *Med J Aust* 2011; 195: 496. ❑

To the Editor: In a recent Opposing Views article, Conway claims that doctors should be able to practise according to their personal values,[1] but the argument he uses is not persuasive.

The ethical dilemma in the case is not characterised correctly. Autonomous choices can be made while treatment options, based on scientific knowledge, are available. If there are no medical options to improve the outcome — if we are at the very limits of medicine — there is no duty to provide anything other than palliation. In other words, the "do no harm" principle takes precedence over the duty to treat the patient according to his or her needs. Under these circumstances, refusing to "treat" is to practise with medical knowledge and the comfort of the patient (in Conway's example, a child) in mind, regardless of the parents' wishes. There is no ethical dilemma in that sense. In fact, the dilemma doctors have is not clinical, but a professional one created by the court order compelling doctors to continue futile treatment, causing unnecessary discomfort that obviously conflicts with the "do no harm" principle. Hence, Conway's case does not support his argument.

In addition, his argument may lead to the violation of patient wellbeing and of professional values. The moral problem related to defining a space for personal values in medical care is that they may conflict with professional values, legitimising discrimination. Then it would be nearly impossible to criticise doctors and institutions that refuse abortion, do not examine patients of the opposite sex on religious grounds, and refuse to operate on HIV-positive patients or to treat people with different political affiliations. It would be hard to call that kind of environment a "healthy diversity".

As well as defending the right to health, we should protect the professional value of non-discrimination to preserve trust between medicine and society. In fact, in order to "safeguard against abuses of power, error and exploitation in medicine",[1] we have already established universal professional codes, instead of leaving the stage to the relativity of personal values.

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Civaner

Murat Civaner Associate Professor

Department of Medical Ethics, Uludag University School of Medicine, Bursa, Turkey.

mcivaner@gmail.com

Competing interests: No relevant disclosures.

doi: 10.5694/mja11.11448

1 Conway BV. Should doctors feel able to practise according to their personal views and beliefs? *Med J Aust* 2011; 195: 496. ❑